

Name
in
Full

Anabelle Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u> <small>Town</small>		<u> </u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>16</u>	Age <u> </u>	Years <u> </u>	Months <u>7</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Washington</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u>Mrs C Bailey</u>					
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>C. W. Hinton</u>			How related to deceased <u>27</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>consumption</u>	How long <u>3 months</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. M. Surt</u>
Accident or Suicide? <u> </u>	Address <u>Hyattsville</u>
	<u>and</u>

Take bath
mt.

Name
in
Full

Anne Mahlda Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laural</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>9th</u> Day	Age	<u>49</u> Years	Months <u> </u> Days <u> </u>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Annapolis</u>
Married, Single or Widowed	<u>Married</u>	Occupation	<u>Housewife</u>		
Name of Wife or Husband	<u>Charles J. Brown</u>				
Father's Name	<u>Richard P. Graham</u>	Father's Birthplace	<u>Prince Georges</u>		
Mother's Maiden Name	<u>Lillian Anderson</u>	Mother's Birthplace	<u>Annapolis</u>		
Name of person giving information	<u>Charles J. Brown</u>	How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>16 months</u>
Immediate	<u>Asthma</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. H. B. B. B.</u>
		Address	<u>Laural Md</u>
Accident or Suicide?			



Name
in
Full

Caroline Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Upper Marlboro'		^{County} P. G. Co		MARYLAND	
Date of death 1903	^{Month} May	^{Day} 28.	^{Years} Age about 85	^{Months}	^{Days}
Sex Female	Color or Race Colored		Birth-place Maryland		
Married, Single or Widowed	Married		Occupation Housewife -		
Name of Wife or Husband John Clark					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
Julius E. Coffey			None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease - 79	How long	She said
Immediate		How long	Ten years
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Maren D. Humes	
		Address Upper Marlboro' Md	
Accident or Suicide? No			



Name
in
Full

Mary H. Coale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Marlboro**Pr Geo* ^{County}

Date

of death 190

2

Month

May

Day

24

Age

Years

38

Months

3

Days

Sex

*Female*Color or
Race*Ethiopian*Birth-
place*Washington DC*Married, Single
or Widowed*Single*

Occupation

*Housewife*Name of Wife or
Husband*George Coale*Father's
Name*Unknown*Father's
BirthplaceMother's
Maiden Name*Mary Melburn*Mother's
Birthplace*St Marys Co*Name of person giving
information*George Coale*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Chronic Dysentery

How long

2 1/2 years

Immediate

Exhaustion

How long

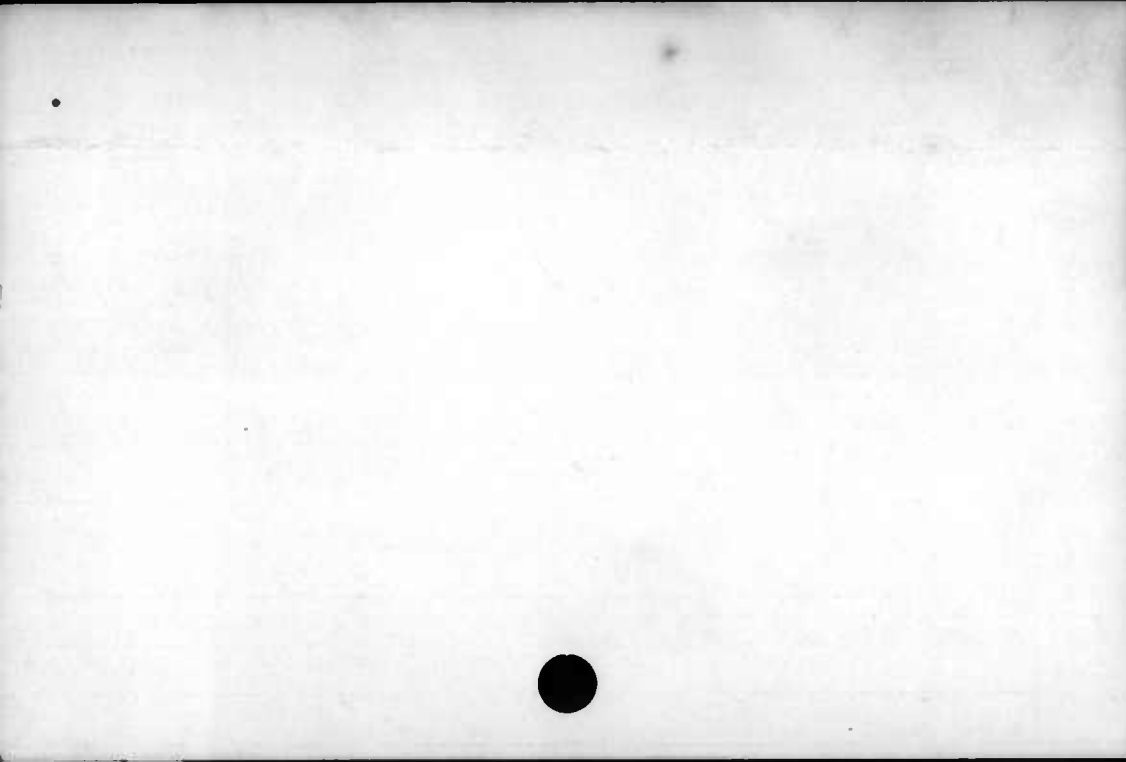
*one week*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. H. Gibbons*

Address

Croom md

Accident or Suicide?

PHYSICIAN
OR CORONER



Mary Delaney

Town

County

MARYLAND

Died at Brandywine District, Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

5-24

Age

2-4-

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

not known

Maiden Name

Mary Delaney

Cause of

Primary

accident, by being burnt

How long sick

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Fred. Coan

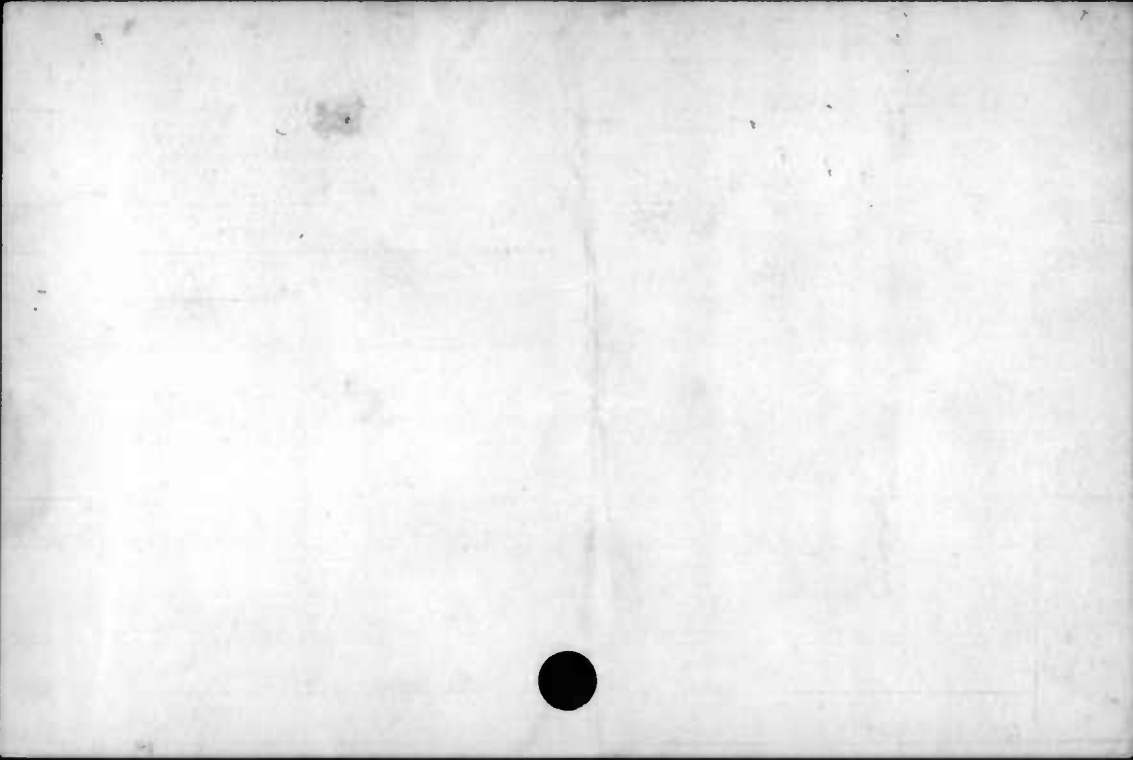
Address

J. B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Tuxedo</u>		<u>Prince George's</u>		MARYLAND		
		Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>13</u>	Age <u> </u>	Years <u> </u>	Months <u>6</u>	Days <u> </u>
		Sex <u>Girl</u>		Color or Race <u>White</u>		Birth-place <u>Tuxedo</u>		
		Married, Single or Widowed		Occupation <u> </u>				
		Name of Wife or Husband <u> </u>						
		Father's Name <u>Albert B Prarnham</u>		Father's Birthplace <u>M. d.</u>				
Mother's Maiden Name <u>Daisy Wilforn</u>		Mother's Birthplace <u>M. d.</u>						
Name of person giving Information <u>Albert B Prarnham</u>		How related to deceased <u>Father</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>4 days</u>				
		Immediate <u> </u>		How long <u>93</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>V L Petty</u>				
				Address <u>Hyattsville MD</u>				
		Accident or Suicide? <u> </u>						



Name In Full		Richard Ford.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Upper Marlboro' ^{Town}		Prince Georges. ^{County}		MARYLAND		
	Date of death 190	3	5 ^{Month}	3. ^{Day}	Age about 40 ^{Years}	— ^{Months}	— ^{Days}	
	Sex	male		Color or Race	Colored.		Birth-place	Maryland.
	Married, Single or Widowed	Married.		Occupation				Farmer.
	Name of Wife or Husband	Mary Helen Ford.						
	Father's Name	— — — — —					Father's Birthplace	— —
	Mother's Maiden Name	— — — — —					Mother's Birthplace	— —
Name of person giving information	Margen D. Humes M.D.				How related to deceased	Physician		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	to consumption 27				How long	about 18 mos.	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Margen D. Humes M.D.	
						Address	Upper Marlboro. Md.	
	Accident or Suicide?							



Name
in
Full

Richard Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Upper Marlboro' ^{County} Prince Georges.

MARYLAND

Date of death 190 3 Month 5 Day 23 Age Years Months 11 Days

Sex Male Color or Race Colored Birth-place Prince Georges Co. Md.

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name Richard Ford Father's Birthplace Md.

Mother's Maiden Name Mary Helen Richardson Mother's Birthplace Md.

Name of person giving information Washington Richardson How related to deceased Uncle.

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Brouchitis. 90 How long The mother said
has been sick for 2
months. I saw it
the day of death only.

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Marsen D. Humes, M. D.

Address Upper Marlboro' - Md.

Accident or Suicide?



Name
in
Full

Agnes Louise Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Marlboro</i>		^{County} <i>Pr. Geo.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>9th</i>	Years <i>39</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>P. G. Co. Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Store Keeper</i>				
Name of Wife or Husband <i>Thos. Galloway</i>					
Father's Name <i>Robt. West</i>			Father's Birthplace <i>P. G. Co. Md.</i>		
Mother's Maiden Name <i>Jane Brown</i> <i>179</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Thomas Galloway</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know - did not see her</i>	How long
Immediate <i>— died suddenly</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Giffith</i>
<i>Upper Marlboro. Md.</i>	Address
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1903

Month

May

Day

8

Years

Age

Months

2

Days

Sex

Male

Color or
Race

Black

Birth-
place

Broom St.

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Hattie Harper

Father's
Name

Henry Harper

Father's
Birthplace

P. G. Co.

Mother's
Maiden Name

Hattie Brooks

Mother's
Birthplace

P. G. Co.

Name of person giving
information

Henry Harper

How related
to deceased

Father

CAUSES OF DEATH

Primary

accidentally smothered in sleep

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

no Physician

Accident or Suicide?

accident

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Joseph Hawkins

Died at ^{Town} near Bladensburg ^{County} Prince Georges MARYLAND
 Date 1903 May 26 Age ^{Y.} ^{M.} ^{D.} ^{Native of} MD ^{Occupation}
 Male ~~Female~~ ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name J. T. Hawkins

Mother's Maiden Name Armenia Redman

Cause of Death { Primary Acute Pulmonary Tuberculosis How long sick 1 yr
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79004



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

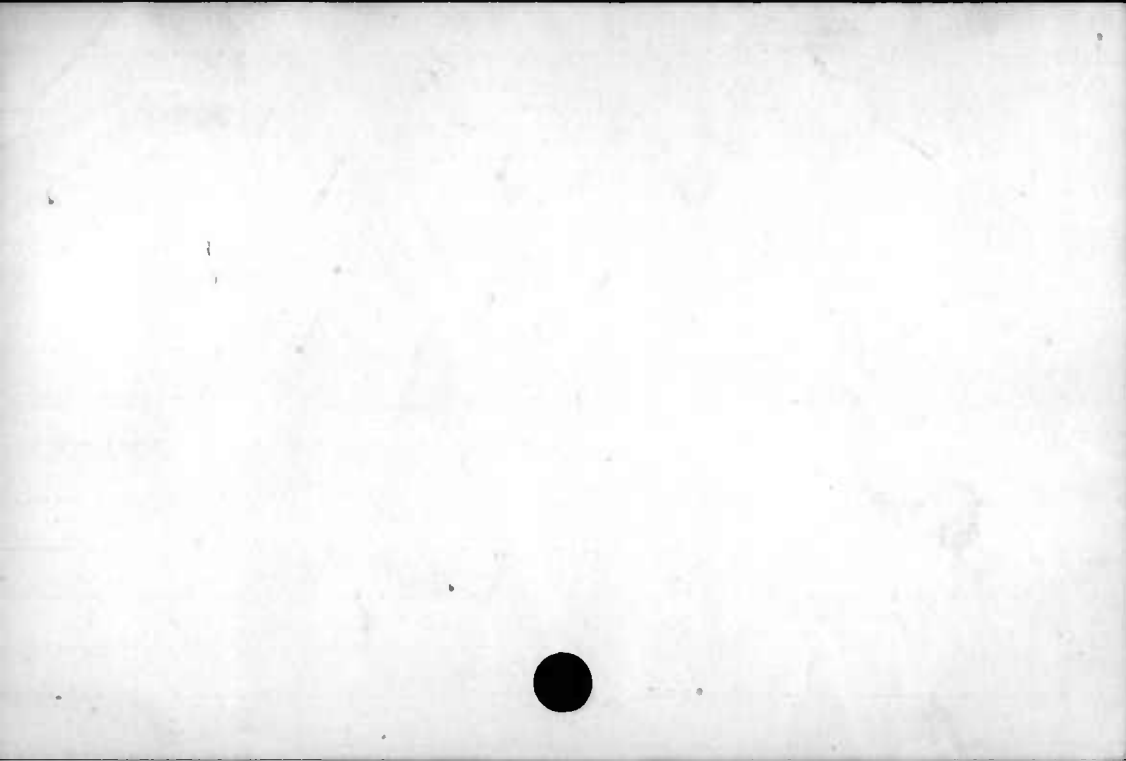
MARYLAND

Died at <u>Croan</u> Town		<u>Prince Geo</u> County			
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>30</u>	Age <u>1</u> Years	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>Yellow</u>	Birth-place <u>Chase Co</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>none</u>				
Name of Wife or Husband					
Father's Name <u>August E Jensen</u> <u>8</u>			Father's Birthplace <u>Danish West Indies</u>		
Mother's Maiden Name <u>Elizabeth R. Hunter</u>			Mother's Birthplace <u>Charleston S.C.</u>		
Name of person giving information <u>August E Jensen</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>6 weeks</u>
Immediate <u>Enteric Colic</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Libbous</u>
	Address <u>Croan Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Edgar Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pr. Res.</i>		County		TOWN	
Date of death 1903		Month 5	Day 8	Age —	Months 5
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prin Hill Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Spencer Johnson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Rebecca Simmons</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Spencer Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since Birth</i>
Immediate <i>Difficult Nutrition</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson Md</i>
	Address <i>Rosecroft Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

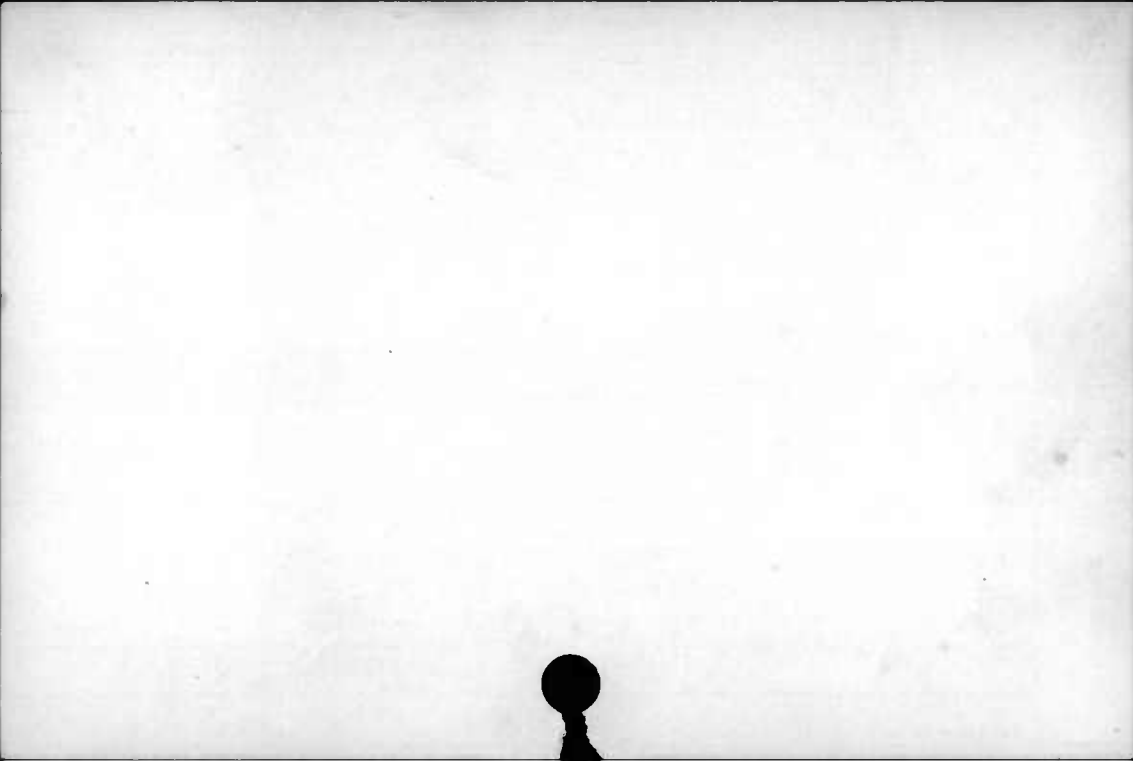
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>B. H. Jones</i>		Town <i>Ritchie</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Ritchie</i>		Month <i>May</i>		Day <i>12</i>		Years <i>73</i>	
Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>12</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>		Months <i>2</i>	
Married, Single or Widowed <i>widower</i>		Occupation <i>_____</i>		Days <i>17</i>			
Name of Wife or Husband <i>Eliza A Jones</i>		Father's Name <i>W. H. Jones</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>		How related to deceased <i>Son</i>			
Name of person giving Information <i>J. S. Jones</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paraplegia</i>	How long <i>9 days</i>
Immediate <i>Uræmia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John E. Searby</i>
	Address <i>Forestville</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Anna A. Latimer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		213. Town		P. G. County		MARYLAND	
Date of death 190	3	Month	5-	Day	1	Age	Years 79
Sex female		Color or Race white		Birth- place			
Married, Single or Widowed		Widow		Occupation			
Name of Wife or Husband		Jos. P. Latimer					
Father's Name		Don't know				Father's Birthplace	
Mother's Maiden Name		Don't know				Mother's Birthplace	
Name of person giving In formation		J. L. Hemitt				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Heart disease	29
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	John A. Cor M.D.
	Address
	213.
Accident or Suicide?	Encl



Name
in
Full

Joseph N. B. Latimer

CERTIFICATE OF DEATH

MARYLAND

Died at *I.B.* Town *P.R. Geo.* CountyDate of death 190 *3* Month *5* Day *18* Age *50* Years Months DaysSex *male* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Married* Occupation *Physician*Name of Wife or ~~Widow~~ *E.C. Latimer*Father's Name *Geo. T. Latimer*Father's Birthplace *Do not know*Mother's Maiden Name *Anna A. Shippo*Mother's Birthplace *Do not know*Name of person giving information *J. L. Hunt*How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis*How long *Several months*Immediate *Anaemia*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*John A. Cor MD.**I.B.**Inc*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~Wife~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

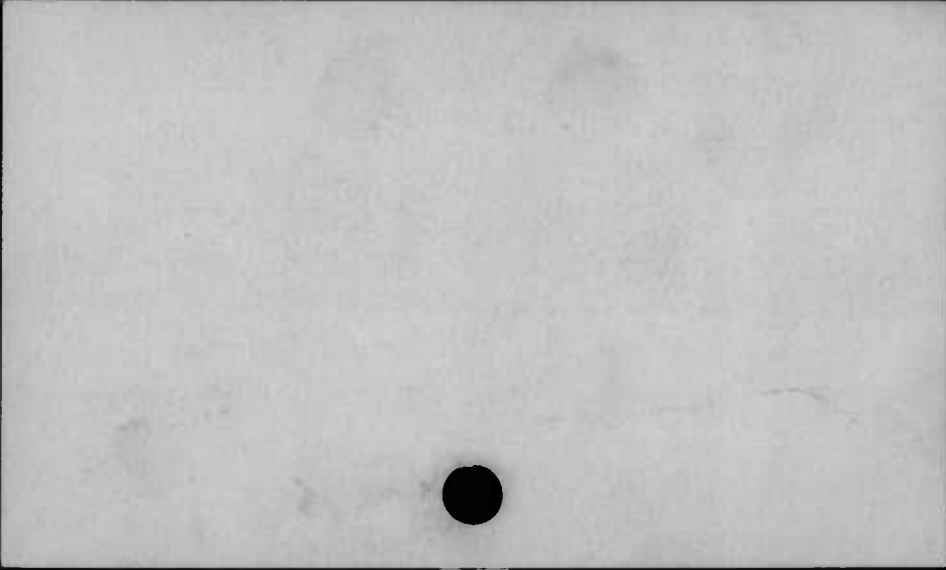
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

Mary Martin

Town

County

Died at

Hyattsville

Prince Georges

MARYLAND

Date 19

13 May 31

Age

43

Native of

Occupation

Maryland at home

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

2

Husband

David Martin

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Diarrhoea

Death

Immediate

Gastroenteritis

106

How long sick

1 month

Accident, Suicide, Homicide

Reported by

V F Petty

Address

Hyattsville

Prince Georges Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75608



Name
in
Full

Marick Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Glen Dale Town P. D. County

Date of death 190 3 Month May Day 15 Age 74 Years Months Days

Sex Female Color or Race Colored Birth-place Collington

~~Marrried Single~~
~~or~~ Widowed Occupation Housewife

Name of Wife or Husband Fred Mathews

Father's Name Peter Lee Father's Birthplace AB

Mother's Maiden Name AB Mother's Birthplace

Name of person giving information Thos Wilkins How related to deceased Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Double Pneumonia How long 7 days

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Wm. C. Small

Address Springfield Ind.

Accident or Suicide?



Name
in
Full

Isaac Pinkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Picataway</i> Town		<i>Pr. Geo.</i> County		MARYLAND	
Date of death 190 3	Month <i>3</i>	Day <i>4</i>	Age Years <i>79</i>	Months <i>8</i>	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth- place <i>Md</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>farmer</i>			
Name of Wife or Husband <i>Lucinda Pinkney</i>					
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving in formation <i>Robert Pinkney</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Dismiss</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>120</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Coz MD.</i>
	Address <i>213.</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

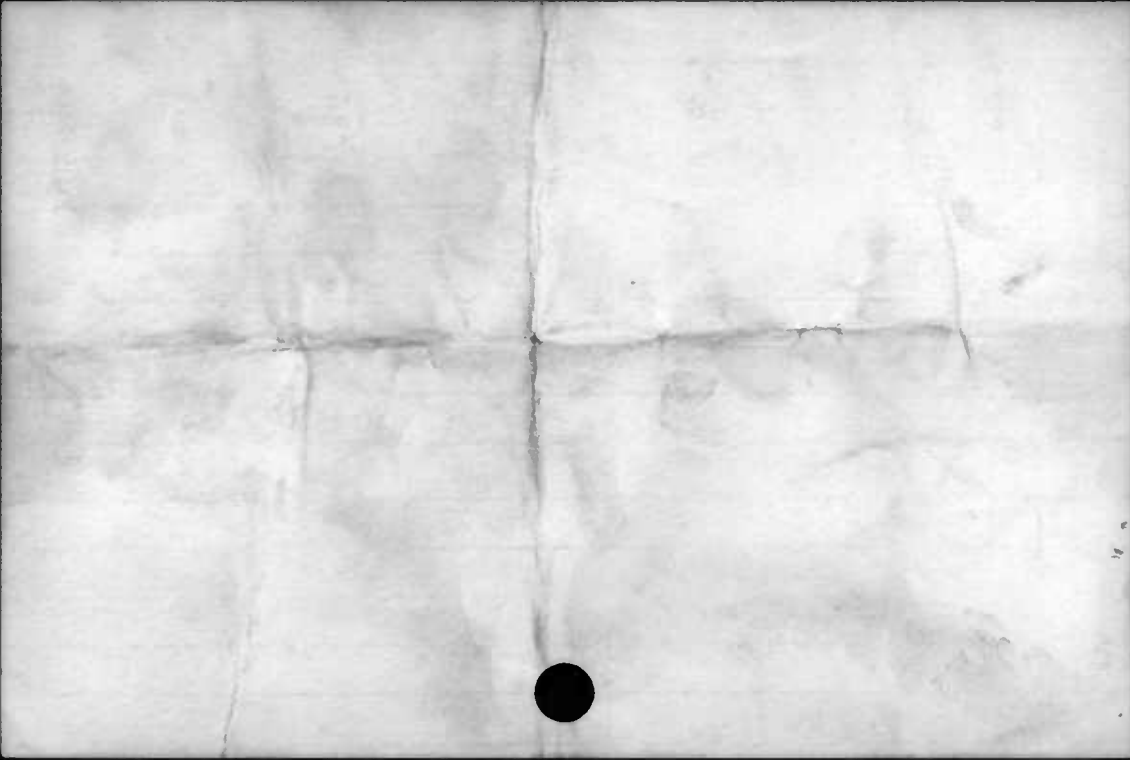
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosecroft</i> ^{Town}		<i>P.R.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>25</i>	Age <i>About 80</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Nancy Simms</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Benjamin White</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Several years</i>
Immediate <i>Cardiac weakness</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E.P. Simms M.D.</i>
	Address <i>Rosecroft, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Hurry Leon Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halls</u>		Town <u>Prince George</u>		County <u>Prince George</u>		State <u>MARYLAND</u>	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>30</u>	Age <u>1</u>	Years <u>1</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Halls</u>			
Married, Single or Widowed <u>—</u>				Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>							
Father's Name <u>Demius Smith</u>				Father's Birthplace <u>Halls</u>			
Mother's Maiden Name <u>Etta Webb</u>				Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Demius Smith</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	How long <u>4</u>
Immediate <u>Congestion</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	
<u>Yes</u>	Signature of Physician <u>Melanie Carwood</u>
	Address <u>Halls, Prince Geo-County, Maryland</u>
Accident or Suicide?	



Name
in
Full

Knotley Joseph Stewart

CERTIFICATE OF DEATH

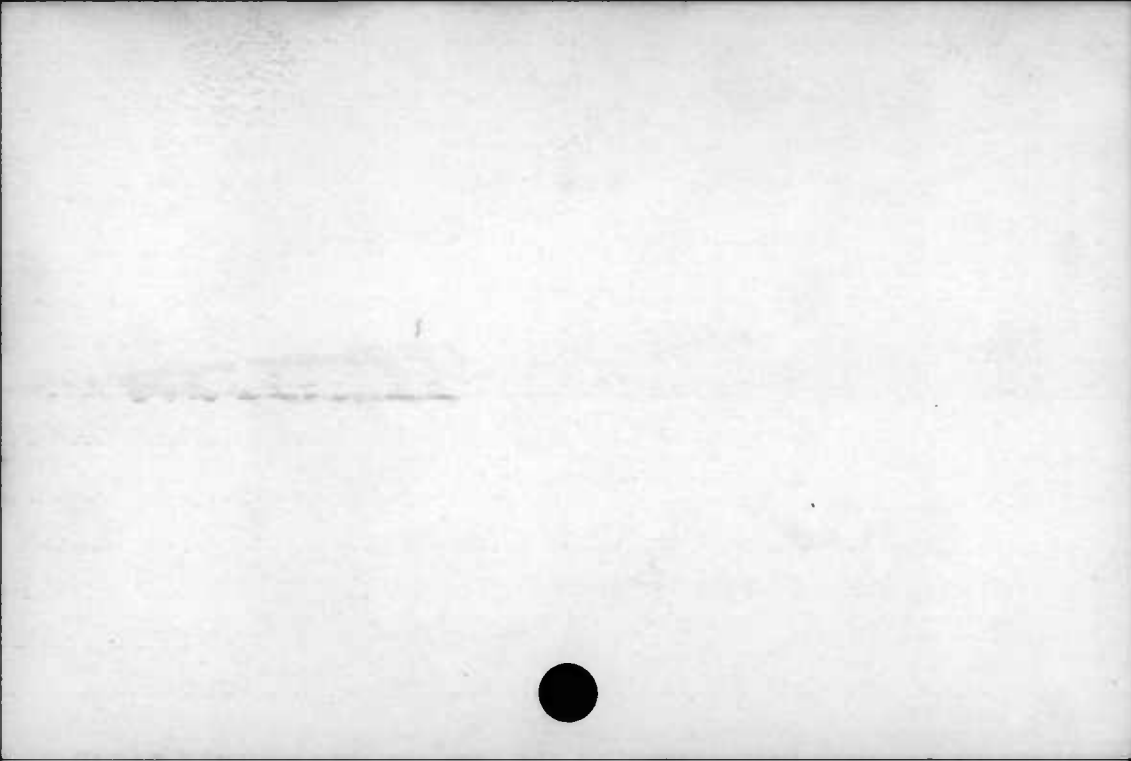
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Seeland ^{Town}		Prince George ^{County}		MARYLAND	
Date of death	1903	Month	May	Day	21	Years	20
Sex		male		Color or Race		Colored	
Married, Single or Widowed		—		Occupation		—	
Name of Wife or Husband							
Father's Name		Patrick Stewart				Father's Birthplace	
Mother's Maiden Name		Catharine Henry				Mother's Birthplace	
Name of person giving Information		Patrick Stewart				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Muscle	How long	4 Days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Mueland Coward, M.D.	
		Address	
		Halls, Md.	
Accident or Suicide?			



Name
in
Full

James S. Stewart

CERTIFICATE OF DEATH

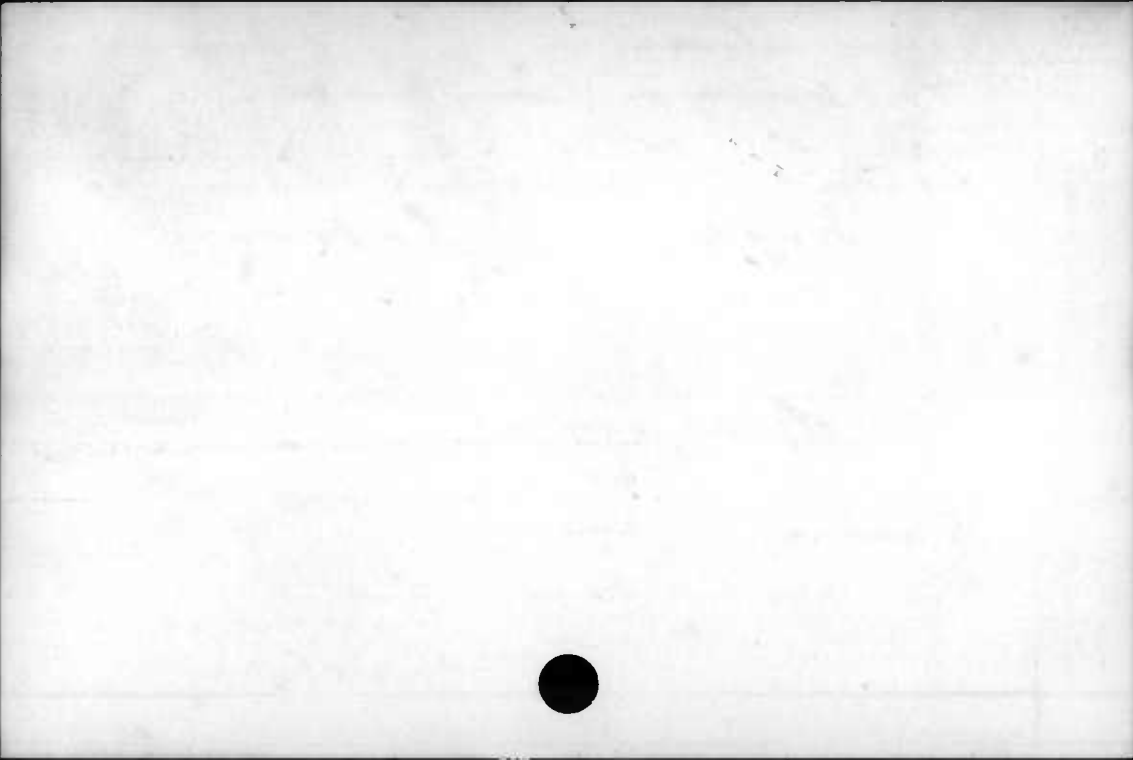
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Riverdale</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>18</u>	Years Age <u>58</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>		Color or Race <u>White</u>		Birth- place	
Married, Single or Widowed <u>Married</u>		Occupation <u>Contractor & builder</u>			
Name of Wife or Husband <u>Mary E. Stewart</u>					
Father's Name <u>James S. Stewart</u>			Father's Birthplace <u>M. D.</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>M. D.</u>		
Name of person giving In formation <u>James S. Stewart Jr.</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accident, fall from home</u>	How long <u>166</u>
Immediate <u>Internal injury & shock</u>	How long <u>about 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Richard W. ...</u> Address <u>Hyattsville Md.</u>
Accident <input checked="" type="checkbox"/> Suicide?	



Name
in
Full

Wesley Stuart

CERTIFICATE OF DEATH

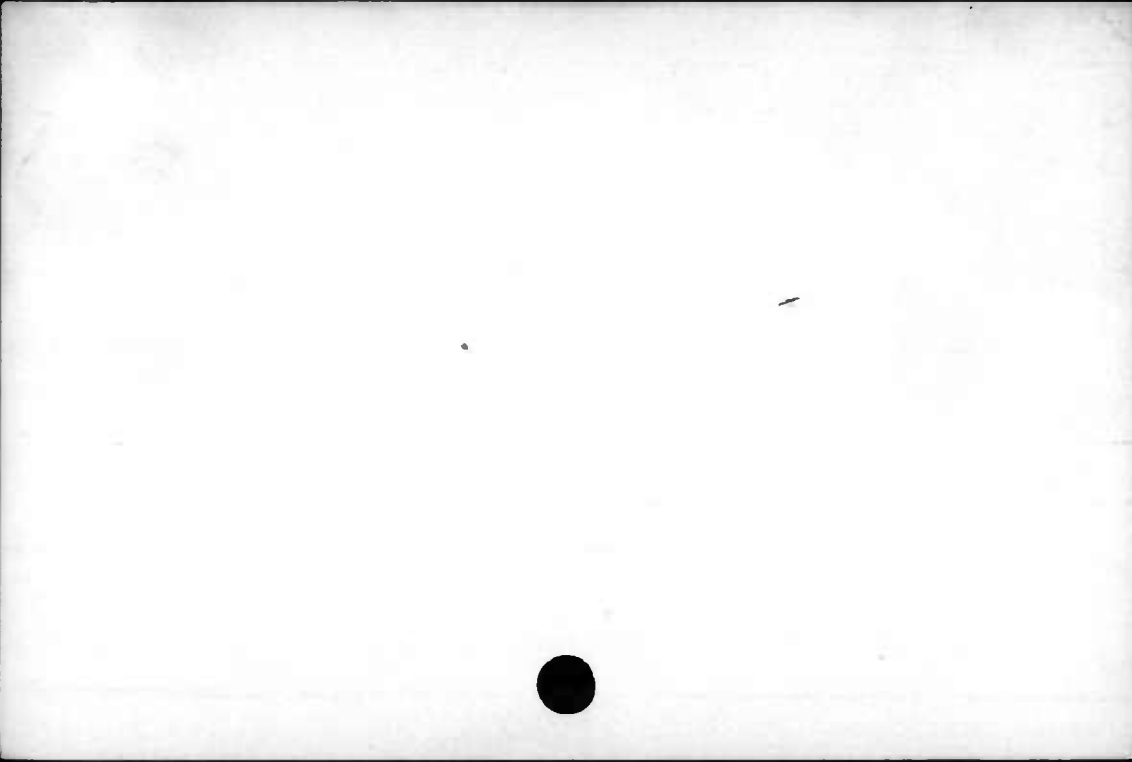
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fort Washington		Prince Georges		MARYLAND	
Date of death	1903	Month	5	Day	15	Years	23
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		Labourer	
Name of Wife or Husband							
Father's Name				Henry Stuart			
Mother's Maiden Name				Anna Stuart			
Name of person giving information				Robert Stuart			
Father's Birthplace				-			
Mother's Birthplace				-			
How related to deceased				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Intestinal Tuberculosis		How long		3 hrs	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Harry Kelley	
				Address		Princeton Ave	
Accident or Suicide?							



Name
in
Full

Henrietta Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Green Anne		County Prince George		MARYLAND							
Date of death 190 ³		Month May		Day 29		Age 44		Years 6		Months -		Days -	
Sex Female		Color or Race Colored		Birth- place Maryland									
Married, Single or Widowed		Married		Occupation House wife									
Name of Wife or Husband		John Turner											
Father's Name		Abraham Jones					Father's Birthplace		Maryland				
Mother's Maiden Name		Mary Deland					Mother's Birthplace		"				
Name of person giving In formation		John Jones					How related to deceased		Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary tuberculosis		How long		Five years.	
Immediate		Cardiac failure		How long		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Abbott R. Walker M.D.	
				Address		Mitchellville, Md.	
Accident or Suicide?							

5. 58

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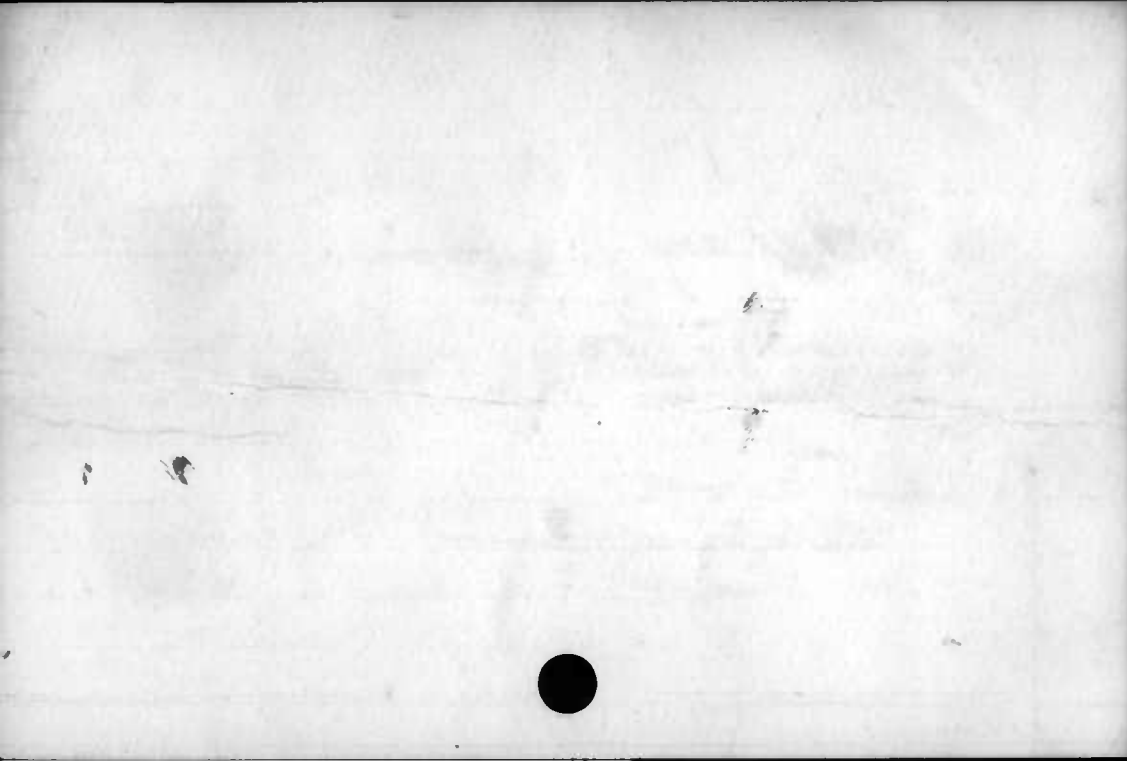
1.89

1.89

Parish

1.89

Name in Full		Hannah Wheeler				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hyattsville		Town		Prince George		County	
	Date		3		May		12		Day	
	of death 190		3		May		12		Age	
	Sex		Female		Color or Race		Colored		Birth-place	
	Married, Single or Widowed				Occupation				Months	
	Name of Wife or Husband								Days	
Father's Name		Frank Wheeler				Father's Birthplace		Don't know		
Mother's Maiden Name		Belle Hawkins				Mother's Birthplace		Maryland		
Name of person giving Information		Belle Wheeler				How related to deceased		Mother		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Dropsy				How long		Ten days	
	Immediate		I saw this child once only - a few hours before death				How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Chapman, MD			
	Accident or Suicide?									



Name in Full

Certificate of Death

Mrs Mary Wiseman

Town

County

Died at

Laurel Pr Geo

MARYLAND

Date 19

03 May 7

Month

Day

Y.

M.

D.

Native of

Occupation

Age

53

U.S.

H W.

~~Male~~

White

~~Married~~

Widow

~~Married~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

3 -

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

8 days

Death

Immediate

Heart Failure

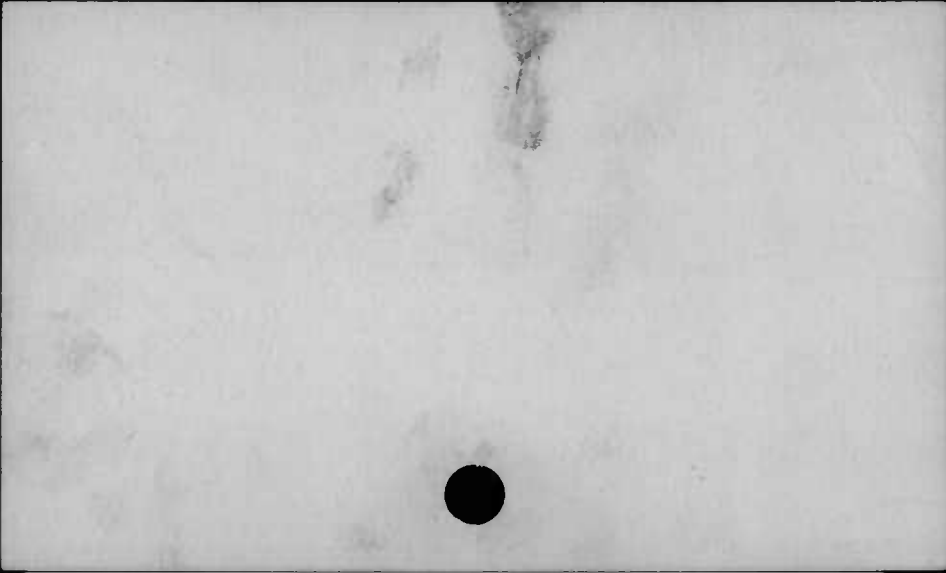
Accident, Suicide, Homicide

Reported by

J R Hunter

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Charles Edwin Wood</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Guena Vista</i> Town <i>Pri</i> County <i>Geis</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>29</i>
	Age <i>6</i>		Months <i>1</i>
	Sex <i>male</i>		Color or Race <i>white</i>
	Married, Single or Widowed		Occupation <i>not any</i>
	Name of Wife or Husband		Birthplace <i>Maryland</i>
	Father's Name <i>Edwin B Wood</i>		Father's Birthplace <i>Maryland</i>
	Mother's Maiden Name <i>Florence Moore</i>		Mother's Birthplace <i>Maryland</i>
Name of person giving information <i>Edwin B. Wood</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Don't know</i>		How long <i>Don't know</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Francis Wood</i>
			Address <i>Woodman Po mill</i>
	<i>under taken</i>		

